

Clinical Assessment

Working with persons with HIV infection in the mental health arena requires a comprehensive approach to the clinical assessment and treatment planning process that fully incorporates the biopsychosocial complexity of living with HIV. For many clients triply diagnosed with HIV, a mental disorder, and a substance abuse disorder, the clinical assessment will be a multi-dimensional and dynamic process.

Clinicians will meet with clients over several sessions to gather factual and perceptual information, draw hypotheses about what clients are revealing about themselves and their behaviors, and integrate what is learned into a diagnosis. Clinical assessments can then be used to develop client-specific treatment objectives that incorporate the client's history and current struggles, as well as his/her strengths and resources. This process requires thoroughness and sound clinical thinking, but is a critical step toward ensuring that each client's unique needs are addressed appropriately—and in a timely fashion.

Lessons learned from the Demonstration Program include the kinds of questions to ask, the value of informal and formal assessment, and issues to consider when conducting a clinical assessment.

AREAS TO BE COVERED IN THE CLINICAL ASSESSMENT

It was the experience of the 11 Demonstration sites that clinical assessments need to be tailored to a program's populations, its settings, and the purpose of its interventions. When clinicians have the opportunity to develop a more comprehensive clinical assessment, it is important to consider the complex biological and social needs of people living with or affected by HIV. This can be accomplished by adding HIV-specific questions to an existing clinical assessment that covers the following areas:

- demographics
- presenting problem
- psychiatric history
- mental status exam
- social history
- medical history
- alcohol and other drug use history
- risk level, including sexual risk-taking and intravenous drug use
- social support
- coping skills
- strengths
- financial and other resources
- employment history
- educational background
- religious and spiritual practices

Relating the Clinical Assessment to Program Issues

The following examples demonstrate how the questions asked in a clinical assessment are related to the program's populations, setting, and purpose.

- If a client comes into a community mental health center in a highly agitated state and is suicidal, then the assessment should focus on stabilizing the client and making sure appropriate safeguards are in place. More detailed information can be gathered after the client's crisis has stabilized.
- If a client is assessed for mental health issues as part of his/her medical services, then staff will likely conduct a screening rather than a comprehensive assessment. The outcome of the screening may include recommendations for further assessment, individual or group treatment, follow-up with clients during medical visits, or no treatment at this time. (See Appendix C for a copy of the screening tool used by the Chicago Project.)
- If a client comes into a psychosocial rehabilitation program for the first time, staff and other clients probably will want to begin by welcoming the client and introducing him/her to the program gradually. After building rapport, the following areas can be assessed: daily living activities; reading and education level; independent living skills; and leisure skills.
- If an HIV-positive custodial parent is bedridden and very sick, staff will likely conduct an assessment of the client's most urgent and immediate needs—putting off the assessment of permanency planning issues until the crisis is stabilized.

...a multidimensional and dynamic process...

Whether the program is an HIV-specific stand alone program (see Appendix D for a copy of the assessment tool used by the Los Angeles project) or one that offers HIV-specific mental health services within a larger mental health organization (see Appendix E for a copies of the assessment tools used by the Alexandria project), a comprehensive clinical assessment needs to incorporate information from all these areas. This will allow an accurate understanding of the issues that are contributing to the client's presenting symptoms and/or complaints, as well as how a client's symptoms and/or complaints contribute to other areas of functioning (e.g., how depression may affect a client's success in getting social support). Examples of how to incorporate HIV-specific issues into a clinical assessment are provided below. For each area, sample questions are included to keep in mind when gathering information during the clinical assessment. The areas are not presented in any specific order, and the sample questions are not intended to be asked in the manner presented.

Social Support. In addition to informing staff about the quality of interpersonal relationships and the client's reliance upon others, social support questions can be used to ascertain to whom the client has disclosed his/her HIV status. Information about a client's social support may be gained using established clinical tools—like genograms, which graphically depict a person's social support network—or by asking direct questions.

Types of Questions That May Be Helpful in Assessing the Client's Social Supports

- Have you disclosed your HIV status to anyone?
- Is there anyone who knows about your status and helps you with day-to-day needs?
- How often do you have contact with that person?
- Is your contact with that person limited, or is it ongoing?
- How is this person similar to you in age, gender, ethnicity, HIV status, and risk factors?

Coping Skills. These questions can help staff get a sense of how the client has historically and recently approached problems in his/her life, as well as how the client is coping with being HIV-positive. Staff will want to better understand the client's strengths (e.g., strong will to live), adaptive skills (e.g., problem-solving, information-gathering, talking to and getting support from others), and maladaptive behaviors (e.g., self-isolation, taking part in potentially self-destructive activities, avoidance, denial, or poor self-care).

Types of Questions That May Be Helpful in Assessing the Client's Coping Skills

- In the past, when you've had to face challenges, how did you respond? How did you cope? What personal strengths did you bring to the situation?
- How did you react when you first found out you were HIV-positive? How do you deal with it differently today than when you first found out?
- What do you do to make yourself feel better?
- What would make things more manageable for you? What has worked in the past? What hasn't worked as well?

Medical Care. There are many reasons for including questions about a client's past and current medical experiences. For example, many people living with HIV have multiple health problems, so gaining a picture of their HIV medical care and a complete medical history of other acute and chronic illnesses is crucial. In addition, adherence to medical treatment and recommendations is so vitally important

that a clinician can benefit from knowing how clients interact with their medical providers. As medical care serves as a vital service to those with HIV infection, it is critical to understand how it affects their psychological well-being. The following sample questions are provided as a guideline to get a better understanding of the client's perspective and can be woven into the clinical assessment.

Types of Questions that May Be Helpful in Assessing the Client's Medical Care

- When you feel sick, do you go to the emergency room, call your medical provider, or call someone else?
- Have you recently received medical care? What was that experience like?
- Are you currently receiving HIV-specific medical care? What has that been like?
- Has treatment helped, or has it not proved helpful?
- How comfortable do you feel talking to your medical providers?
- How well do your medical providers explain your treatment options?
- Do you think your medical providers are sensitive to your pain (e.g., mental, emotional, physical, and spiritual pain)?
- What is your CD4 count? Has this changed in the past 3 months? What is your current viral load? Has this changed in the past 3 months?
- Do you have any other chronic medical conditions, such as diabetes, asthma, high blood pressure, liver problems, or kidney problems?

- Are you taking any medications for these conditions? What are you taking? How much are you supposed to take? Do you take these medications as prescribed? What are the circumstances when you do not take them as prescribed?
- Are there any side effects with these medications? How do you cope with these side effects?
- How often do you see your medical provider for your other medical conditions? How often do you keep these appointments?

Current Service Utilization. To gain a better understanding of a client's service needs and to help a client maneuver through the service system effectively, it may be important for clinicians to inquire about all the other systems (e.g., community-based agencies that offer HIV support services, AIDS service organizations, and community-based agencies that offer relevant services) to which he/she is already connected.

Types of Questions that May Be Helpful in Assessing the Client's Current Use of Services

- Can you tell me about other services you use?
- What has it been like to use these services, now and in the past?
- How have these services benefited you?
- Do you have a case manager? How has he/she helped you?

Quality of Life. Given that HIV has become a chronic illness for many individuals, quality of life issues have become more salient for assessment and treatment. In addition to conducting a clinical

assessment of specific symptoms and diagnoses, quality of life issues should be assessed because many clients respond more quickly to treatment when these issues are more readily understood and dealt with. One of the benefits of asking quality of life questions is that the clinician is less likely to impose his/her version of quality of life onto the client, and the client's idea of quality of life is better understood.

Types of Questions that May Be Helpful in Assessing the Client's Quality of Life

- When did you find out that you are HIV-positive?
- How did you spend your time before you became HIV-positive? What was your typical day like back then? Who did you spend time with?
- Back then, how satisfied were you with your life?
- How do you spend your time now? What is your typical day like? Who do you spend time with?
- How satisfied are you with your life?
- How do you see yourself spending time in the future? What do you want a typical day to be like? Who do you want to spend time with? Are there people you would like to get to know better?
- How would you like to live your life differently in the following areas: job/career, education/training, social/recreation, spiritual, and volunteer work/advocacy? Would these things give you a greater sense of purpose in life? Would they bring you pleasure?
- If you were able to accomplish those goals, how satisfied would you be with your life?

CONDUCTING THE CLINICAL ASSESSMENT

After program planners and clinicians at each of the 11 Demonstration sites selected areas to assess, it was then necessary to attend to the administration of the clinical assessment. This section describes the three key elements of a clinical assessment: preparing staff to conduct the assessment; preparing clients to participate in the assessment; and conducting the assessment.

Preparing staff to conduct the assessment. Given the complexity of physical and mental health circumstances for persons seeking HIV-specific mental health services, clinicians should prepare themselves for the following:

- Potentially uncomfortable and sensitive issues that may arise during the initial assessment meetings. These issues include death and dying issues; sexuality and sexual practices; different life experiences (e.g., substance abuse, class differences, sexual orientation); and explicit descriptions of physical symptoms. Through supervision and training, clinicians may learn to be sensitive to and comfortable with these and other issues before they actually conduct assessments with clients.
 - Alternative terms and slang. Clients may use alternative terms and/or slang to describe their experiences. To enhance a clinician's ability to connect with clients, it is important to familiarize themselves with alternative terms and slang by asking clients or other people who are familiar with the culture to explain unfamiliar words.
 - Local jurisdictional laws and regulations regarding confidentiality and safety. When working with HIV-infected clients, clinicians need to be aware of state and local liability and disclosure laws—and appropriate ways to respond. This relates to knowing about duty to warn, the emergent risks related to suicidality and homicidality, and the potential risk to children or vulnerable adults. State and local departments of mental health can provide some guidance in these matters.
- Preparing clients to participate in the assessment.** Many HIV-infected individuals have had negative experiences with human service systems. With that in mind, it is important to make the clinical assessment process as favorable as possible. The collective experience of the 11 Demonstration sites has shown that the following practices can increase the likelihood of a successful assessment experience:
- Explain the purpose of the assessment. A client needs to know why clinicians need to understand their story and how this process will benefit them in the long run.
 - Explain the assessment procedures. A client should be told up front what to expect and how long the assessment may take.
 - Establish trust. Take time to allow the client to become familiar with the assessment procedure.
 - Describe the limits of confidentiality. It may also be helpful to discuss the difference between confidentiality and keeping secrets.
 - Recognize that the process for seeking mental health services may be intimidating.
 - Recognize that the client or someone in his/her support network may have told the client that he/she is "crazy" for seeking mental health services.

- Acknowledge that a client may be too sick to participate in an assessment and that information may need to be sought from other caregivers or staff who have had previous contact with the client.
- Acknowledge potential discomfort. It is difficult for many clients to discuss their sexual practices, their illness, and other information of a private and intimate nature.
- Inform the client that his/her disclosure of information is completely voluntary.

During the clinical assessment, it is essential to maintain the level of respect and trust initiated with clients prior to conducting the assessment. To demonstrate empathy with the client's situation, some client perspectives to keep in mind when conducting the clinical assessment are:

- Respect a client's endurance. Allow water, coffee, and bathroom breaks.
- Be sensitive to the client's circumstances. Do not begin the clinical assessment by asking the client how he/she contracted the virus.
- Stay client-centered (e.g., Are you doing okay? Are you getting a chance to tell me what would be helpful for you? Is there something you'd like to tell me that I haven't asked?).
- Pay attention to the pace of the assessment. Clients might not be ready to give you all the information all at once.
- Remember that denial and avoidance are adaptive strategies—not necessarily signs of resistance—and that these strategies give client's control in divulging sensitive material.
- Recognize the client's strengths and resources. For many triply diagnosed clients, HIV is an additional burden to a long list of burdens with which they have managed to live.

CONNECTING THE CLINICAL ASSESSMENT WITH THE TREATMENT PLAN

A comprehensive clinical assessment leads naturally to an effective treatment plan. An accurate and client-focused clinical assessment can ensure that treatment goals reflect client goals and priorities, that the client feels a strong sense of “ownership” over his/her treatment plan, and that clients are motivated to engage and remain in treatment.

With those objectives in mind, it might be helpful for clinicians to ask clients the following questions: What are some of the issues you would like to work on in your life? What would you like to improve? And how would you like your life to be different after treatment has successfully been completed?

To ensure that the client has ownership of the treatment goals, the following actions also may be helpful:

- Emphasize client-driven goals in the treatment plan.
- Negotiate treatment goals within the framework of which services and interventions are offered by the program and what the client wants.
- Give clients an opportunity to consent to treatment, to review and revise their service and treatment goals, and to sign the plan when it is finalized.

ADDITIONAL CLINICAL
ASSESSMENT TOOLS

Standardized Measures. Many of the Demonstration sites used standardized assessment instruments as an adjunct to their clinical assessment. Standardized measures were used for different reasons. Some sites used standardized measures as a means of describing their populations, while other sites used standardized measures to obtain clinical information in a more uniform manner. It is important for program planners and clinicians to agree on the use of standardized measures before introducing them into the clinical assessment. Some standardized measures used by Demonstration sites are listed in Figure 7. As shown in Figure 8, there are advantages and disadvantages to using standardized measures as an adjunct to the clinical assessment.

Psychological and Neuropsychological Testing. Gathering information on thoughts, feelings, motivations, behavior patterns, personality type, relational style, and cognitive capacities fall within the domain of psychological testing. Assessing the presence of specific cognitive impairments, or HIV-associated dementia, and the status of general cognitive functioning is the domain of neuropsychological testing. Performed by clinical psychologists or neuropsychologists, such testing or screening relies on various tests and instruments to assess intellectual functioning; reading and math skills; speed of mental processing or problem-solving; and status of memory and recall.

Figure 7
Standardized Clinical Assessment Tools Used By Demonstration Sites

Domain	Standardized Measure	Site
Alcohol and Drug Abuse	ASI (alcohol & drug sections)	All sites
	Addiction Problem Survey	Richmond
	CAGE	Atlanta, Alexandria
Anxiety	Beck Anxiety Inventory	San Juan
	State Trait Anxiety Inventory	Atlanta
Demoralization	PERI Demoralization Scale	New York, Elizabeth
Depression	CES-D	New York, Elizabeth
	Hamilton Depression Rating Scale	Atlanta
	Beck Depression Inventory	Elizabeth, San Juan, San Francisco, Alexandria
Neuropsychological Disfunction	Trail Making Test (Parts A & B)	Richmond
	Dementia Rating Scale	Richmond
	Bender Gestalt	Richmond, San Juan
Psychiatric Distress	Brief Symptom Inventory	Atlanta

Figure 8

Pros and Cons of Using Standardized Measures**PROS**

- May give clinicians information that they cannot get any other way
- All clinicians use the same procedures to obtain information about specific areas
- There is a greater probability that the data can be quantified and analyzed
- The program will have the capacity to compare types of clients served with other programs that are using the same assessment tools
- May give clinicians another perspective on the client
- Have established validity
- May have greater generalizability
- May provide greater confidence in the findings

CONS

- The norms may not be pertinent to the program's target population
- Can take longer to administer and score than administering non-standardized tools
- Can require formal training of the interviewers
- The information may not be meaningful or clinically relevant
- Getting the information in a timely fashion may not be possible
- Can be an obstacle for treatment, especially when a program's "unspoken rule" prioritizes assessment requirements over helping clients with presenting problems
- Can be an "unfriendly" approach to getting information from clients
- Can be expensive to purchase, administer, and score standardized measures

Because HIV can affect the brain in numerous ways, it is highly desirable for clinicians to use neuropsychological testing as an adjunct to their clinical assessments. While many programs will not have these services available on-site, it is strongly recommended that program planners and clinicians access neuropsychological testing services from other sources because testing can provide a valuable and clinically rich contribution to the assessment and treatment planning process.

Neuropsychological testing can give clinicians a better understanding of the impact of HIV on the brain itself, including functioning associated with tasks related to memory, attention, concentration, planning, and prioritizing. Problems in these areas of functioning may be directly affected by HIV infection—even during its early stages. Clients who complain of forgetfulness, who become lost while traveling, or who have difficulty adhering to scheduled appointments and/or medication dosing may be displaying some signs of the cognitive impairment commonly associated with HIV. Since these symptoms may not be readily identified by the medical provider, it is important to acknowledge, inquire about, and assess these troubling instances when they occur.

Such impairment may not only be related to HIV but may result from other mental or substance abuse disorders, such as depression or substance-induced dementia, as well as from medical diseases, such

as poorly controlled diabetes and/or liver disease. Frequently, there are clients who are triply diagnosed, whose symptoms and disorders related to HIV, mental health, and substance use disorders further complicate and contribute to a decline in cognitive functioning.

Once interpreted, both psychological and neuropsychological test findings can prove valuable in determining a diagnosis—even when the clinical symptomatology may be complex. They also may provide an accurate assessment of previous and current capabilities related to memory, attention, problem-solving, and concentration, and identify specifically how a client's ability to plan, organize, and prioritize life concerns may be impaired. Due to the progressive nature of HIV and its biomedical and psychiatric impact, it is important to monitor cognitive capabilities over time, either informally through observation of a client's behavior and comments or more formally through repeated psychological or neuropsychological screening or testing. For clients, testing results can help demystify troubling and intrusive symptoms, as well as assist with differential diagnosis; support treatment planning; help educate clients about the implications of cognitive impairment in daily living; lead to strategies clients can use to compensate for cognitive changes; support a client's disability claims; inform providers about client strengths; and provide information about client support networks.